

## COMPETENCY EVALUATION REPORT

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## Harborview Medical Center records

Mr. [REDACTED] was evaluated at the emergency department on 8/11/16 after he was found unresponsive with alcohol on his breath. He was ambulatory and agitated when evaluated in the field by medics, but "somnolent and unresponsive" when AMR arrived. He was unresponsive on arrival to the emergency department. He was noted to be covered in bark and dried blood. A history could not be obtained due to his altered mental status. Laboratory results were positive for amphetamines, alcohol, and cannabinoids. Results of a brain CT were within normal limits. According to the Seattle Police Department (who arrived secondary to the alleged instant offense), he had eloped from Navos two days prior. He was medically cleared that evening and was transferred to jail.

Records also were received for contacts with Mr. [REDACTED] on 7/31/16, when he was brought to the emergency department after being found rolling around on a sidewalk complaining of full body pain. In the emergency department he exhibited bizarre posturing and became acutely agitated, punching the wall. He was medicated twice with lorazepam and Haldol for his acute agitation. Once in Psychiatric Emergency Services, he began petitioning for discharge, jovially stating that he did not remember being brought there and did not know why he was referred for evaluation. When reminded of the circumstances of his being brought to the emergency department, he laughed, and said, "Yeah, I couldn't stand up!" He reported that although he was recently at Navos, he did not believe that he had a mental illness. He did tell a social worker that he planned to go to Sound Mental Health the next day to reenroll in services. He was described as disheveled and distracted, with mild psychomotor agitation and expansive and silly affect, impaired memory, and somewhat disorganized speech (yet goal-directed regarding meeting basic needs). It was noted that it was difficult to separate his recent psychosis from ongoing substance use. A urine drug screen was positive for cannabinoids only. Following receipt of medications he was in behavioral control, "though animated and expansive - cannot r/o (rule out) possible bipolar spectrum disorder but also cannot r/o substance induced mood disorder/psychosis associated with a drug not detectable on HMC tox screen, such as spice. Diagnoses included Cannabis Abuse with Intoxication, Unspecified, and Psychosis. He was discharged to self-care the same day.

An additional Psychiatric Emergency Services note dated 7/1/16 indicated that Mr. [REDACTED] was brought in by the Seattle Police Department after he was observed throwing a rock through the rear windshield of a car that was driving past him. Mr. [REDACTED] reported that he thought the woman driving the vehicle flashed a laser at him. It was noted that he had no psychiatric history with Harborview, but had been seen in the emergency department as a minor for issues related to substance use, primarily alcohol and heroin. The next morning he asked to leave. He reluctantly engaged in an interview, but "was quite guarded and the history he did provide was not in accordance with other records." He denied any current or history of substance use other than marijuana, despite being confronted with the fact that a urine toxicity screening was positive for methamphetamine and cannabinoids. He was described as calm but guarded, with illogical and concrete thought processes, blunted mood, and limited insight. He declined follow-up appointments with mental health or chemical dependency treatment and was discharged to self-care. Diagnoses included Other Stimulant Abuse with Intoxication, Uncomplicated, and Cannabis Abuse.

## King County Jail medical records

Mr. [REDACTED] was transported from Harborview to jail on 8/11/16. Records referenced his recent elopement from Navos, and also indicated that he had been treated with Depakote and Haldol (antipsychotic) while there. Mr. [REDACTED] arrived at the jail in four-point restraints and a spit mask. The receiving nurse reported that he said he was suicidal and was banging his head against the stretcher. It was noted that he was at risk for injury secondary to severe alcohol intoxication and impulsive behavior.